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## ORIGINAL DEPARTMENT.

### Communications.

#### THE MEDICAL TREATMENT OF GONORRHEA.

BY GUSTAVE A. SHANE, M. D.,  
Of Salem, Ohio.

I recently noticed in some medical journal (the current number of the *Half-Yearly Compendium*, I believe), an advocate of the mild method of treating gonorrhea, to which I yield a ready assent, and desire to call the attention of the profession to a method of treating this very frequently rebellious disease, which, in my hands, after repeated trials in succession, has given me the most satisfactory results.

Convinced long since by a careful examination and analysis of a number of cases, that the disorder is essentially a local disease, depending upon the introduction and application of an irritant substance to the mucous lining of the urinary tract in the male, and that of the vaginal walls in the female; just such as would follow the application of an escharotic or the inflicting of an injury by mechanical means, and not depending solely upon a specific poison, the result of impure sexual intercourse, I could not conceive it to be rational treatment to saturate the patient with bal. copaiba, or subject him to the exquisite torture of escharotic and caustic injections, so lauded for their curative power in this disease, but which, on the contrary, were rather calculated, as I have observed in my own experience and that of others, to disturb the digestive function and tend toward venal and cystic complications, things always to be avoided by the sensible and thinking practitioner.

The disease being a local one, and constitutional symptoms being merely secondary, depending upon the action of the local phagmon, or, as I firmly believe, too frequently upon the use of powerful caustic injections and the internal exhibition of mischievous drugs, the treatment would naturally resolve itself into applications to the diseased part with the view of subduing the inflammatory action and the combatting of constitutional symptoms as they may arise by general means.

Every one, we presume, is familiar with the power of cold, in arresting and controlling inflammation in its initiative stages, and upon this knowledge I depend almost exclusively for the treatment of gonorrhea, if seen during the period of incubation, or rather that of early development; together with perfect rest in the supine position, and the administration of an alkali to secure its reaction upon the urine, thereby rendering it less irritating to the diseased parts.

But that your readers may have a more definite idea of the plan of treatment proposed, I will give the notes of several cases treated in this way by myself while a medical officer in the U. S. navy.

CASE I.—R. M., seaman, wt. 22, native of Ireland, admitted Oct. 10th, 1862. Symptoms those of gonorrhea manifesting itself the third day after exposure; scalding on micturition, tenderness along the urinary tract, especially upon the bulbous portion of the urethra; considerable mucous discharge from the meatus, upon outward pressure along under side of penis. Placed patient upon his back in sick bay, and ordered a bladder filled with pounded ice to the perineum, to be removed for five minutes every half hour and then reapplied.

Prescribed internally 20 grs. bicarb. soda in half a glass of lemonade every three or four hours. No special restrictions as to diet (save that his food be such as a man doing nothing and lying in bed would most easily digest).

Oct. 11. Patient slept well, and the disease to all appearance made no advance. Upon pressing the glans between the thumb and finger a few drops of mucus appears on the meatus, tenderness along the track of the urethra very sensibly diminished; bowels moved; treatment continued.

Oct. 12. Patient slept well, appetite good, bowels moved; very slight burning on micturition; no discharge on pressure, and a barely perceptible tenderness in bulbous portion of the urethra. Ordered the ice to be applied half an hour and then discontinue the same length of time, and so on alternately; other treatment the same.

Oct. 13. Patient slept well; says he is well; bowels moved; no discharge, no tenderness, no pain on micturition. Ordered to light duty.

Oct. 14. Patient discharged with no reappearance of the disease.

CASE II.—J. W., fireman, *set.* 24; native of Germany; admitted December 25th, 1862; ordinary symptoms of gonorrhea, pain on micturition, tenderness along under side of penis, mucous discharge; appearing the fifth day after exposure. Treatment same as in preceding case, with the exception of a saline cathartic the first day, for the purpose of unloading the bowels, as they had not been moved during the two days preceding admission. Was returned to duty December 30th, 1862. Duration of treatment, six days.

CASE III.—W. H., ordinary seaman, *set.* 19; native of the United States; admitted for ordinary clap February 3d, 1863. Disease appeared on sixth day after exposure.

Treatment same as case I., with one-fourth gr. morphia first night at bed-time, followed the succeeding day by saline cathartic. Patient discharged on sixth day from date of admission free from any trace of disease.

This is sufficient to give an idea of the plan pursued.

I have notes of twenty-three cases treated in the foregoing manner, and in every instance with the results recorded, the longest time necessary to affect a cure being ten days, the

shortest four, making an average duration of six days without in any instance the frequent sequence to the ordinary methods of treatment, such as stricture gleet, irritability (obronic) of the bladder, etc.

When treating this disease by the use of copaiba, cubebs, the terebinthines and caustic injections—in the same number of cases, the maximum duration of treatment was one hundred, the minimum nine days, the average twenty-six, with six cases of the before-mentioned troublesome sequences, and the examination and analysis of cases in the hands of other practitioners, together with chronic cases that have since passed through my own hands, furnish similar results. I do not claim anything novel or original in this matter; it is but the dictates of common sense; but this I do know, that whereas I once, with my professional brethren generally, regarded gonorrhea one of the most unsatisfactory and perplexing diseases to treat, I now find, if seen in the forming stages, no difficulty in subduing it in from four to ten days without any resulting gleet, chronic prostatitis, chronic irritability of the bladder, stricture and such other things as followed the old copaiba and squirt-gun methods of treatment.

### MIXED VAPORS.

By T. D. DAVIS, M. D.,

Of Dayton, Ohio.

The different leading surgeons of your city all have their favorite anæsthetic, either ether, or chloroform. In none of your schools or hospitals have I ever heard the mixed vapors recommended. True I have seen ether first used, and the patient failing to go rapidly under its influence, chloroform dashed on the same sponge to hasten its action; but that is a practice which every one who understands the action of either of them will thoroughly condemn not only as uncertain, but positively dangerous.

The mixture recommended by the committee on anæsthetics of the American Medical Association deserves to be more universally known and used, its advantages being: the small quantity required; the rapidity of its action; the shortness of the stage of excitement (it often being wanting entirely); the absence of distressing after-effects; its comparative safety

over chloroform (no deaths I believe have ever been reported from it); being compounded in definite proportions it can be scientifically administered; the pungent stifling order of the ether and the burning sensation of the chloroform are to a great extent overcome; the sedative effects of chloroform are modified by the exciting influence of ether, while to both is added the stimulant alcohol.

My attention was first called to its use by Dr. J. C. REEVE, of this city, who has for sometime used it in preference to all other anesthetics. Seeing it work so on a patient in his office I have tried it on three of my own. The first was a large muscular man, who had his shoulder dislocated. I administered it and reduced the dislocation without professional assistance. It required about one ounce and a-half to put him completely under its influence, but I feel sure a few drachms only would have been required if a Lente's inhaling apparatus had been used. He passed under its influence with scarcely a struggle, and awoke from it as from a sound sleep. He had no sickness of the stomach afterward whatever. From the time he commenced to take it until the dislocation was reduced and he had returned to consciousness was just fifteen minutes.

The second case was a girl from whom I removed a fatty tumor of the neck. The same quietness and rapidity of action, with absence of after-effects was observed. In the third, a stout muscular man from whom I amputated a finger, I was again charmed with its action. In neither of these two cases did I use more than ounce of the mixture to put them profoundly under its influence, although I had to administer it each time on a towel. The towel was neatly folded, and about two drachms poured on it. Holding it near the patient's face until he got accustomed to the vapor, it was gradually approached and held tight to the face around all its edges except at the forehead, thus permitting plenty of air to enter, although not enough for chloroform when given alone and too much for ether when administered separately. Of course an inhaler is much to be preferred on account of economy and convenience in adding more of the mixture as it is needed. For those who have not seen or have forgotten the formula I add it: Alcohol, 1 part; chloroform, 2 parts, and ether, 3 parts. It is easily remembered

by taking the initials in the order of the alphabet A. C. E., the corresponding number of parts being 1, 2, 3.

#### PUEPERAL CONVULSIONS—A CASE OF PRECOCITY.

By E. SCHUMO, M. D.,

Of Layton, N. J.

On the morning of the 8th April, of the present year, I was requested to visit Emma T., colored, the messenger merely remarking "that she was to be confined." I reached the house about 10 o'clock, and ascertained that she had had a number of severe convulsions in rapid succession. They commenced about daylight, her mother informed me. The girl (for she was but a child) was lying in bed with her arms pinioned, breathing stertorously and totally unconscious; her pulse gave but little evidence of her alarming condition, it being normal as to number of beats and volume. I immediately bled her to the extent of about three pints. After taking over a quart of blood, she gave some evidence of returning consciousness, but doubting the propriety of stopping at that quantity, I let the stream flow until the pulse flagged. I left the house before she was able to articulate sensibly.

On the afternoon of the 11th (over three days afterward), I was again summoned. She was now in her right mind, and they said she had labor pains. I examined her, and ascertained the presentation was a proper one, but the prognosis was unfavorable for a speedy delivery, the os being thin, the vagina dry, and the pains few and far between, and by no means severe. At my next examination I ruptured the membranes, hoping the pains would thereby increase; after waiting about two hours without any improvement, I proposed instrumental delivery. Had some difficulty in getting the forceps locked, and as I expected, they slipped off; I again applied them, and this time succeeded in delivering the head. The child was dead, and would weigh, I judge, between six and seven pounds. It had been dead for some time, the epidermis having given way to a considerable extent when the forceps slipped. The poor creature had not a pain to help her, and I had to deliver the body by force. The placenta I took away with but little trouble.

Puerperal convulsions, I am happy to say, is a rare complication in this locality; it is very seldom we are called to battle with it; it is my first case since residing here. I had one other of convulsions, and she too was very young (between twelve and thirteen years), but hers I considered of an hysterical nature. I have but little doubt as to the age of the case I have just reported. Her father is an intelligent West India negro, much more so than many of our whites, and he assures me she will not be thirteen until August 29th.

The most revolting part is yet to relate, and I hesitate, and am loath to say, that a half uncle was the author of her misfortune. The girl is bright (I mean her mind.) It would seem that mentally and physically she is a precocious subject. I learned to-day (16th) that she was doing well.

## HOSPITAL REPORTS.

### UNIVERSITY OF PENNSYLVANIA.

Surgical Service of PROF. D. HAYES AGNEW, M. D.

[REPORTED BY DE F. WILLARD, M. D.]

#### Ununited Fracture of Humerus.

Here is a man, who comes to us from a distance and states that he received a fracture of the arm some ten months since. The treatment and dressings which he describes as employed, seem to have been appropriate, yet he has now an arm which is as useless as it was at the time of the removal of the splints. I grasp the member, and find that the lower third can be freely moved in various directions, while the upper portion remains stationary, there being a form of false joint at the juncture of the middle and lower thirds. Traction does not elicit crepitation, neither does movement give pain. The deformity is great, especially when the upper arm is moved, the lower portion at such times hanging almost at right angles.

This is then a true case of "non-union," and should be distinguished from "delayed or tardy union," since the prognosis would be quite different in the two cases. Union may be delayed by various causes, and yet it may occur at last as perfectly as in a normal case. A fracture should not therefore be considered as an instance of non-union until some months have passed, but the splints should be continued, and perfect rest secured. When all hopes of spontaneous union are abandoned, then more active measures must be adopted, which should be tried in their various orders of severity until the desired result is accom-

plished, beginning with the simplest and advancing to those more formidable.

The causes of non-union are various, but the more prominent ones are: mal-nutrition from poor food, air, and debility, acute febrile disease, and specific taint of the constitution. Local causes may have even a greater effect, as for instance, a large amount of blood poured out between the ends of the bone at the time of fracture; splinters of bone, or shreds of tendon or muscle occupying the same position; laceration of the nutrient artery; dressing applied too loosely or too tightly; needless surgery, in the shape of frequent change of dressing, or lastly, protracted supuration and exfoliation of the fragments.

It is quite possible that a surgeon might greatly interfere with the good union of his fractures, by the habit of attempting to elicit crepitus, or discover abnormal motion at each dressing of the case, in order to further justify his diagnosis; but such practice is bad surgery. The diagnosis should be accurately made at the onset (either being administered when necessary, and in fact in all cases of doubt), and after this the rule should be to allow the limb perfect rest except when there is a tendency to displacement of the fragments, or danger of ankylosis of joints. This fracture is at the lower third of the humerus, a point where union ought to occur more readily, according to GUERETIN'S theory, than at the upper portion, since the direction of the nutrient artery in this bone is downward.

In non-union the difficulty is usually due not to deficiency of callus, but to want of ossification of the new material.

In old cases this intermediate structure may be found as condensed connective tissue, ligamentous structure, or cartilaginous or partially ossified callus. Upon the amount of fibrous structure will depend the degree of abnormal motion, and consequent uselessness of the member. In some cases the bones are beveled off and overlap each other, being connected by a loose ligamentous or connective tissue—in others, one end of the bone may be rounded and the other absorbed to such an extent that a little cup or socket is formed in which the other plays, forming almost a ball and socket joint, with an attempt even at a surrounding capsular ligament—an inter-articular cartilage, and finally a lubricatory fluid.

This union is similar to that which occurs in the majority of cases of intra-capsular fracture of the neck of the femur, where bony union is the exception, and an instance of which I have now to bring before you.

The patient is a man who suffered from a fracture of this form some years since, and who is now only able to move about with the aid of cane or crutch. As he places his foot upon the floor, I distinctly feel the slipping of the fragments, and although the abnormal motion is limited, yet it is sufficient greatly to



impede progression, and entirely destroy his practical usefulness.

Unfortunately we cannot effect union in these cases, but some benefit may be rendered him by an apparatus which we shall construct, designed to fix and support the parts, while the weight of the body shall be thrown upon the lower portion of the femur.

In these cases of intra-capsular fracture the want of union is due as much to deficient nutrition of the upper fragment as it is to the presence of synovial fluid; in fact when a portion of the head of the humerus is knocked off (an analogous case) it has no source of supply at all—having no round ligament as has the femur. Some of you may remember a case of ununited fracture of the olecranon process of the ulna, which appeared at this clinic some two years since, and which was evidently due to this cause of insufficient nutrition, for the olecranon when broken must necessarily, as you will see, suffer from want of pabulum, which, combined with the presence of synovial, would tend greatly to hinder a favorable union.

But to return to the man before us. Could this result have been prevented, and what shall we do for him? As to prevention we cannot justly judge, since we have no definite previous history of the case. He may have been treated by a most judicious surgeon and yet the result have been as this which you see, but certainly, in my experience, cases of non-union are extremely rare when the treatment has been properly conducted and the patient has not disobeyed orders. In the Pennsylvania Hospital, where a large number of fractures are treated every year, such a result is almost never seen.

As preventatives I should say the most essential were—accurate adaptation of the fragments at the beginning, rigid dressings, changed only with sufficient frequency to secure good retention, perfect rest and good diet, together with the internal administration of phosphate of lime when there is any evidence of preëxisting bone disease.

In this case, however, the pseudarthrosis is a fixed fact, and our care must now be to cure it. For the accomplishment of this result various means have been adopted, some good, some bad—all attaining their object in some cases and failing in others. First and foremost stands the removal of all constitutional or other causes of delay, the exhibition of tonics and the securing of immobility of the parts.

The local measures employed all look to the excitation of sufficient inflammatory action in the intermediate connecting material to compel it to go on to ossification. The simplest resort is external counter-irritation by friction, iodine, blisters, etc., together with brisk rubbing together of the two ends of the bones about once each week. In the meantime a splint should be applied to the limb, so that while the fragments are held in opposition, slight friction may be encouraged upon their

surfaces. In this man's case we shall have a splint so adjusted as to keep the ends of the bone in contact, and yet allow a certain amount of movement.

Prof. SMITH's apparatus will fulfill these ends best. After a faithful though unsuccessful trial for three months with the above-mentioned measures an operation becomes justifiable, and of these the one that I prefer for the majority of cases is that commonly known as BRAINARD's. It consists in the subcutaneous perforation of the ends of the fragments and callus, in various directions, by an awl-shaped perforator, while but one opening is made in the skin itself. This often succeeds admirably in setting up a proper degree of inflammatory action, and a good consolidation is the result. A modification of this, or rather an addition to it, by GAILLARD, consists in carrying a gimlet shaped perforator in a similar manner through one fragment, and then passing on through the chasm imbedding it in the other fragment, thereby pinning them together. It should remain in position until union has occurred.

The operation of DIEFFENBACH, consists in the driving of ivory pegs between the fragments, and permitting them to remain until they have excited the requisite inflammatory action and a proper amount of new bone has been thrown out. This plan often occasions good results, but is liable to be followed by necrosis. I may here mention, as a matter of interest in regard to the power of growing osseous granulations to dissolve dead material, that these pegs when removed show evident attempts at absorption having been made upon them. There are various other methods which are of frequent practice; as the introduction of a seton between the fragments is practiced by PHYSICK; electro-puncture (BRENNAN); stimulating injections, etc., etc.

Other methods look not only to the excitation of inflammation, but also to removal of the imperfect callus. These are, subcutaneous freshening or, secondly, cutting down upon the ends of the bone, and after turning them out, either rasping, or cutting, or cauterizing, or sawing off all the unhealthy tissue, and then suturing the surface together, or else confining the limb in a rigid apparatus.

Sub-periosteal resection, as practiced by OLLIER, with subsequent wire sutures introduced through the ends of the fragments, would probably be the most effectual of these severer means, but I believe that the risks of any of these open operations are too great to be justifiable when we have subcutaneous measures which are usually equally effective. In many cases after the failure of the milder operations, I should advise the wearing of a well-adapted rigid splint, of WHITE's or SMITH's pattern, rather than the resort to resection, since these instruments have often themselves effected a perfect cure.

To sum up, then: Should the union seem imperfect at the expiration of the ordinary

time employed in the treatment of a fracture, the splints should be continued, and rest insured by several additional weeks, while tonics, stimulants, good air and food are freely given.

After a month, however, a case which still refuses to knit may justly be called one of non-union, and external counter-irritation with blisters, or iodine be employed, a starched or plaster-of-Paris bandage, or a leather splint, or an appropriate apparatus being constantly applied, and friction of the ends of the bones occasionally practiced. Still unsuccessful, perforation of the fragments will usually secure a good result, especially if the ends be pinned together by carrying the gimlet through both bones.

#### Foreign Body in the Intestinal Canal.

The next case is that of a little boy whose mother says that he swallowed a small clock-wheel, of the size of a nickel, some three weeks since, and that it has never been passed from the anus. She seems positive in regard to the truth of both statements, yet you should always be careful in regard to such reports, since mistakes are easily made.

Children are exceedingly fond of disposing of foreign bodies, as buttons, beans, pennies, etc., by inserting them into any of the various outlets of the body, and in young children the mouth is the most common receptacle. When such a body passes into the stomach it is the custom of mothers, and often of physicians, to immediately administer a brisk cathartic, but such a procedure is bad practice. It is better to let the object remain until it has become coated with mucus and faeces, when its angles and asperities will be so covered that the consequent irritation will be far less than if it is hastened forward at once.

It is but rarely that its presence in the alimentary canal does any harm, and your assurance should be given to the friends that no danger is to be apprehended. After three or four days a mild dose of oil may accelerate its progress. It is surprising how a large body will make its way without injury to any of the parts, and yet there seems to be but little need of fear, since any object will pass the pylorus, which has succeeded in entering the cardiac orifice of the stomach. True, typhlitis may sometimes occur from the irritation produced by the dropping of a small object into the entrance of the vermiform appendix, and even perforation and death, but such cases are extremely rare, when we consider how many children are daily swallowing such articles as I have named, or the pits of fruits, etc. Large quantities of such materials may be found in the intestines. I remember a case which I examined some years since (a subject in the dissecting room, with no history), in whose intestines I found long rolls of bandages, some of which had unwound as they passed down, and were found extending through the bowels for yards; a pair of suspenders, straw, hay and a variety of other articles.

The presence of these bodies had excited an inflammation of the cæcum, where some of them had lodged, and nature had already attempted to get rid of them by the establishment of an artificial anus, the intestines having become adherent to the abdominal parietes, and ulceration having already commenced. It is needless to state that the patient had been insane.

[The mother was directed to administer a mild cathartic, on the following day to watch each passage from the bowels, and to return with the child if it showed any symptoms of intestinal irritation.—DE. F. W.]

## MEDICAL SOCIETIES.

### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

[Essay by H. R. NOEL, M. D.]

#### Apoplexy.

The subject of this essay is one of the few diseases about which most medical men have already formed definite opinions, and, having adopted a pathology and etiology, are ready to boldly define their position and defend it by quotations from numerous authorities, and by deductions drawn from individual experience. Yet the medical literature of this disease gives us one of the most admirable illustrations of "currents and counter-currents" in the pathology, etiology and treatment of morbid conditions.

One has but to compare the writers of France and Germany, or England and America, to find himself entangled within a maze of contradictions, all founded upon direct observation and supported by facts of the most plausible kind obtained at the bedside. It is a sad commentary upon our profession, but not the less true, that such men as Niemeyer and Trousseau of the Continent, and Aitken and Tanner of England, should occupy grounds so diametrically opposed in etiology and pathology, and yet converge so very nearly to a common point in the treatment of this grave lesion.

A few quotations from these authors will enable me to develop fully this antagonism. We will begin with Trousseau, *Lectures on Clinical Medicine*, vol. I., sec. 1, 2, 3: "Apoplexy is not to be confounded with hemorrhage." "Cerebral hemorrhage rarely sets in with apoplectic phenomena, properly so called." Trousseau asserts that he never saw a sudden case of apoplexy from cerebral hemorrhage; his language is this. "But in no single instance, I repeat, have I seen a man with cerebral hemorrhage struck down as by a blow, and dropping instantly in a state of unconsciousness." (Vol. I., page 87). Again: "The existence of cerebral congestion is not contested (i. e., its possibility in some diseases); but it has been singularly abused in order to

explain cerebral phenomena in the production of which cerebral congestion plays no part whatever. Sudden and transient fits of apoplexy are among these, and the so-called apoplectic form cerebral congestions are oftener connected with epilepsy than is generally believed." And Trousseau endorses Brown-Sequard in the anemia of the cerebrum during epileptic fits.

The following quotations are from Niemeyer, vol. II., page 197: "Another series of symptoms in cerebral hemorrhage, which is called a stroke of apoplexy, and is only absent when the hemorrhage is slight, do not depend directly on the local injury of the brain, but on its effects on the rest of the brain." "The stroke of apoplexy rarely develops gradually, and probably only does so when the hemorrhage occurs slowly; in most cases it comes on suddenly, and the patient falls to the earth (often with a cry) as if knocked down." One more quotation from Niemeyer is necessary, and I will then call your attention to a most significant fact. Says Niemeyer: "We refer the apoplectic fit to sudden compression of the capillaries, that is, anemia of the brain substance." In plain language, he means simply this: that the effused clot or mass of blood acted upon by the "vis a tergo" from the artery is superior to the force in the capillaries, and therefore causes capillary compression around the effusion, which is transmitted through substance of the brain upon that side, and this compression causes capillary anemia, and hence the apoplectic fit. From the above statements it will be seen that Trousseau and Niemeyer hold opposite views as regards the influence of cerebral hemorrhage in apoplectic attacks; and also in regard to the suddenness of the attacks; in fact no two authors could be more widely apart. Trousseau does not even think that congestion, much less hemorrhage, is necessary to an apoplectic attack. Niemeyer thinks that hemorrhage of a rapid and extensive character is necessary, and yet both arrive at one final conclusion that anemia of the brain is necessary before the attack can supervene. This is a remarkably strange position for two such eminent men to occupy. Yet the facts are as stated, and I am glad to say that I coincide with their conclusions, while I regret my inability to harmonize the processes by which the result was attained. Incredible as it may seem, yet it is only too true, that such able minds have arrived at the really practical fact of the case, and yet left us no substantial premises for this most excellent and desirable conclusion. We have the conclusion as a basis for a rational therapeutics, but we are unable to understand how they arrived at such a point. A curious fact in regard to both Trousseau and Niemeyer is that both have ignored two most important factors in the circulation, viz.: (1) The influence of the vaso-motor nervous system, by which the caliber of arteries is regulated; (2) The force of osmosis, capil-

lary attraction and the nutritive assimilation.

It would seem that any one must know, that if there be a guiding and restraining nerve force always regulating the caliber of the arteries through their muscular coats, and these arterial walls be diseased, that any force or cause which should suddenly cause a withdrawal of this tonic influence must necessarily enlarge the caliber and increase the pressure and threaten small branches with rupture. And certainly that force of histogenesis and histolysis resident in the tissues, and so well described by Carpenter, Draper, Virchow and Paget, might have been invoked to aid in the explanation of "cerebral anemia" when spasm of arterial coats and hemorrhagic clots are clearly insufficient to account for all the phenomena of sanguineous, serous and nervous apoplexy.

Aitken defined apoplexy to be "A disease essentially characterized by the loss, more or less complete, of volition, sensation, perception and motion, depending on sudden pressure on the brain (the tissue of which may be morbid) originating within the cranium." Yet Dr. Aitken acknowledges that in many cases of death no evidence of extravasation is found, and in a number the fact of congestion even is assumed but not proven, while in others the small size of the clot precludes our assigning pressure as the only cause of apoplexy.

But he afterward, following in the rear of Sieveking, Wood, Bright and others, gives some unknown morbid condition of "nervous tissue" or "nervous matter" and its blood vessels as the cause of the apoplectic seizure.

Tanner defines it thus: "It is a state of coma occurring suddenly from pressure upon the brain; the compressing power having its seat within the cranium." Following Abercrombie, Tanner adopts the *simple*, with no *post-mortem* lesion; the *sanguineous*, a clot as the lesion; and the *serous*, with serous effusion in the ventricles or beneath the arachnoid.

Prof. Austin Flint, Sr., of New York, may be taken as an average authority in America, and the opinion advanced by him is a part-colored admixture of many others; and though he adheres to the congestive and sanguineous varieties, the serous and nervous forms he thinks are more or less *uræmic*; but this "uræmic coma" that so closely simulates apoplexy, is it due to congestion, extravasation, or "nerve tissue" poisoning? And if due to "nerve tissue" poisoning what becomes of the "elements of pressure" so industriously brought forward by such varied writers?

I wish here to enter a protest against this much abused idea of pressure. It is one which to be maintained has caused its advocates to rake every possible and impossible corner of the medical field, and to adopt the wildest and most untenable hypotheses in explanation of clinical facts. From all this confusion



of ideas and useless verbiage we obtain a few absolute truths.

1st. That apoplecticiform attacks—even when fatal—do not leave appreciable lesion.

2d. These attacks are often accompanied by cerebral hemorrhage and clot formation.

3d. That serous infiltration is often found in fatal cases, but its relation to the case is unknown.

Any definition of apoplexy which makes pressure an essential is, in my opinion, faulty, and in every single instance the writers have deserted their platform and have in many cases brought in the bold-faced contradiction in terms of "nervous apoplexy." The aberrations from the old and received views culminated in Trousseau, who believed in apoplexy without even congestion, much less extravasation. This whole trouble has originated, I think, from two causes, viz.: I. That the vis a tergo of the heart is sufficient to account for all the phenomena of the circulation.

II. The utter ignoring of the action of the vaso-motor nerves and their ganglia, i. e., those nerves which determine the caliber of the arteries. There are two facts which we have been slow to learn: the one is, that a gland or any organ is supplied with more or less blood according to the demand made by this gland or organ, and these demands and their fulfillment alike pass through the vaso-motor nerves, irrespective of any increased action upon the part of the heart. It is only increase in the arterial caliber, not any increase in the ventricular contractions. The other fact is, that these demands depend directly upon the histogenetic and histolytic processes in the gland or organ; and "osmotic action" with "capillary attraction" are two most powerful and ever present factors. That, therefore, in a physiological condition the amount of the blood in the brain is to be determined by the processes going on in the brain. Suppose now we have disease of the sympathetic or vaso-motor ganglia, which regulate the supply of arterial blood to this organ: we might have partial paralysis of the ganglia with evidently dilated arteries, and the brain inundated, with no disease of the brain substance proper; or we might have irritation of these ganglia and a contractile influence thrown upon the arterial coats, with the direct result of narrowed caliber, diminished supply and acute anemia of the brain substance, as is seen in epilepsy, and, as Trousseau asserts, in many cases of apoplexy. Certainly the experiments of Brown-Sequard, Bernard, Dalton and others, on section of nerves and destruction of the ganglia in rabbits and other animals, justify us in forming such conclusions and thus explaining many otherwise obscure phenomena. Again, abnormal "osmotic action" in the brain, or abnormal "capillary attraction" from aberrations in histogenesis and histolysis might develop a force far exceeding the power of the left ventricle, and might render its most powerful ef-

forts ineffectual, or even determine extensive effusions, lacerations, etc., when the ventricle itself would be impotent for the production of such a result. We can also conclude that when such congestions from vaso-motor aberration and abnormal osmosis do occur, that they might be sufficient to produce even death, i. e., somatic death and death of the heart. Yet molecular life, continuing for some hours afterward, the force of nutritive assimilation would readily pass on the blood through the capillaries to the veins, and the autopsy on the following day might show capillary anemia and venous plethora, as is so often, so very often, found in our *post-mortem* examinations. This absolute fact depends upon the truth that somatic and molecular death are not simultaneous; therefore, after arterial circulation has ceased, the capillary continues, and stops only with the approach of molecular death.

#### LITERATURE OF THE ETIOLOGY.

Niemeyer believes that it is produced by—

1. Degeneration of the arterial coats.
2. Hypertrophy of the left ventricle.
3. Shrinking of the brain from atrophy, etc.
4. Heavy dinners and violent emotions.
5. Old age, etc., play important parts in the causation.

6. Valvular affections of the heart, and renal disease.

Aitken and Tanner give as causes—

1. Immoderate use of liquors, tobacco, opium.
2. Plethora from suppression of old discharges.
3. Degeneration of arterial walls.
5. Excessive eating and mechanical violence.
6. The change of life.

To this list of causes I propose to add two more, viz.:

1. Neuroses involving the sympathetic ganglia of the brain and cervix.
2. Abnormal histogenesis and histolysis of brain substance proper; as shown by local congestions, softening, etc.

The symptomatology embraces (1) prodromic symptoms; (2) those of invasion. Trousseau, Tanner, Aitken and others believe the prodromes to be of frequent occurrence; while Niemeyer and others believe the attack to be much more frequently sudden and unheralded. The forewarnings are fullness of the head, headache, flushings, throbbings, dimness of vision, ringing in the ears, numbness of the upper or lower limbs, formication, partial paralysis, repeated hemorrhage from the nose, and, I will add that in some few cases restlessness, sense of discomfort, vague feelings of oppression, impending trouble, etc., have preceded the attacks. Symptoms of the attack: There may be sudden loss of consciousness, motion, power, etc., with flushed face, full pulse, stertorous breathing, etc.; or sudden headache, nausea, vomiting



gradual loss of consciousness, and syncope, deepening into profound coma; or there may be sudden paralysis without loss of consciousness, and this may or may not run gradually into a true apoplectic stupor. There are many bleedings of these three, though typical causes of each kind are often seen.

The prognosis is grave or not, according to the amount of paralysis, kind of coma, continuance of profound insensibility, difficulty of swallowing, etc., but a guarded opinion should always be given, as for 10 or 15 days the hemorrhage, in severe cases, is liable to recur and the clot acting as a foreign substance may give rise to inflammation of a more or less dangerous character, with fever, delirium, etc. After an attack, mild or severe, it is always well to look out for fever and inflammatory symptoms, and to caution the patient in reference to them.

Treatment: Fortunately for our patients, amid such a confusion of theories, we have at last arrived at a somewhat settled therapeutics. Bleeding, either by venesection or leeches, is rarely practiced now, but in some few instances most authorities agree that it is

called for, as in cases where death seems to be threatened by coma with a full hard pulse, throbbing carotids, hot and flushed face and purplish countenance, in a person of full habit. But otherwise it is not indicated and always does harm. Trousseau opposes bleeding in all cases and prefers placing the patient in the sitting posture and using cold applications to the head, mustard foot-baths, etc. He claims a greatly lessened mortality in his practice since the rejection of blood-letting. Few authors now advocate general bleeding except in special cases, but all agree in the efficacy of revulsives, cathartics, enemata and quiet. The treatment appears to be condensed into this: cold to the head, sinapisms to the chest, thighs, arms, etc., mustard foot-baths, a good active cathartic or a purgative enema; then during reaction rest and quiet absolute, with good but simple and nutritious diet.

After the danger is over, blisters or pustulation on the neck are often useful as counter-irritants against chronic inflammatory troubles; but these chronic sequelæ whether inflammatory, paralytic or of other nature, require special treatment different from that of apoplexy proper.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Medical Treatment of Disease.

In a lecture on this topic in the *British Medical Journal*, Dr. J. H. BAISTOWES gives his treatment as follows:

#### Pneumonia.

Pneumonia is a malady of frequent occurrence; one, with the symptoms and progress and morbid anatomy of which, all reasonably well educated practitioners are thoroughly familiar; and one which had been subjected to all varieties of treatment. In this, as in all inflammatory affections, the general tendency is undoubtedly toward recovery; although here, as in other similar cases, it certainly sometimes happens that, owing to the intensity of the attack or to the feebleness of the person attacked, or to the coexistence of complications, the patient dies before the malady has reached its turning point, or it may be even during the period of convalescence. The most opposite plans of treatment have been found by their respective advocates successful in curing the disease. For a long time bleeding was regarded as the only effectual remedy; and, in this belief, large quantities of blood were removed daily by phlebotomy, until, in fact, the patient was reduced to a condition of extreme debility and anemia; and yet (and I think I may venture to say, notwithstanding

all this) pneumonic patients seem to have recovered in large proportion. More recently the mercurial and antimonial method of treatment was largely followed. I recollect that my teachers at St. Thomas' Hospital, as a rule, carried it out thoroughly; and in my own early days of practice, in the hospital and elsewhere, I acted under the influence of their teaching. To the best of my belief, and I could support my belief by figures, this practice was again so far successful that the great majority of patients recovered. Dr. Todd undoubtedly deserves the credit, which his pupils claim for him, of having proved that alcoholic stimulants may be administered freely in inflammatory diseases, without adding to the fever present, and without other injurious consequences; and he, and his followers, treated pneumonia mainly by the administration of alcohol in large quantities; and here again, if we believe the testimony of witnesses and of statistics, the percentage of recoveries was high enough to satisfy the most sanguine. But surely it is not unnatural to suppose, when so many plans of treatment, essentially different in their principles, have all appeared to accomplish the same end, namely, the cure of a very large proportion of the patients who have been subjected to them severally, that the essential course of the disease, its progress toward recovery, is independent of the specific measures employed, or, at least, so far independent that the remedies effected

nothing beyond a little delay or a little hastening of that progress—differences which would scarcely leave their mark in statistical tables, and would be still less obvious in comparisons made between our simple recollections of what have been the results of different plans of treatment which we have witnessed or carried out. And, indeed, so much has this skeptical view of the treatment of pneumonia found its way, during the last few years, into the minds of medical men, that a considerable number of them have adopted the expectant or (so far as medicines are concerned) the do-nothing treatment. Dr. Hughes Bennett especially has made himself the champion of what he calls the "Restorative treatment of this disease;" a treatment which consists in the abstention from drugs, and the administration of food and stimulants; and if his statistics mean anything, they mean that his success has been something quite remarkable.

I have myself, during the last ten years, given up all special medicinal treatment of pneumonia, all treatment, that is to say, aimed at cutting short or curing the disease, and have contented myself with giving such occasional doses of medicine as some urgent or distressing symptom has required for its relief, and sustaining the patient with so much easily-digested food as the stomach could be got to retain, and such an amount of alcoholic stimulant as seemed to me to be admissible or desirable; and certainly, to the best of my belief, my latter patients have got as rapidly well as my former patients did, and have recovered in as large proportion. I may add that, during the last year or two, I have in many cases, experimentally, refrained altogether from alcohol, excepting during the period of convalescence, and, so far as I can judge, without any diminution of success. Of course stimulants are sometimes essential, and in large quantities. I recollect a young man who was under my treatment with double pneumonia, in the year 1862; and who, early in the disease, presented exceptionally severe symptoms, such as delirium, feebleness of pulse, subultus, and other indications of extreme prostration, and whom I first treated simply with soda-water and a small amount of stimulus. I found out soon, however, that he had been a stoker at one of our large breweries, and had habitually drank five gallons of beer daily; and I ordered him at once, not five gallons, but still a considerable quantity of beer and some gin, with (as might be supposed) immediate beneficial results. But such cases are, of course, exceptional, and exceptional cases need exceptional treatment.

#### Rheumatism.

A special interest has attached to the treatment of *acute rheumatism*, ever since the well-known paper of Sir W. Gull and Dr. Sutton was read, three or four years ago, before the Royal Medical and Chirurgical Society, in which they endeavored to show, by comparing

the results of a series of cases treated by themselves, with peppermint water, with series of cases treated in other ways, that a mere expectant treatment was quite as successful in its results as other plans of treatment of greater pretensions. Rheumatism, like pneumonia, is a disease which arises from exposure to cold, or perhaps rather cold and damp; but it differs from pneumonia in this important respect, namely, that while pneumonia tends to run a certain definite course, marked by the morbid processes which are going on in the lungs, rheumatism begins with inflammation of a joint, and is continued more or less indefinitely by successive outbreaks of inflammation in other joints, and in the fibrous tissues of other parts, including that of the heart; often breaks out anew when it had appeared to have subsided; and often assumes a chronic character. Indeed, this is a strong reason to believe that in this disease each local inflammation (which is rarely very intense, rarely much prolonged, and rarely suppurative) acts as the starting point of new complications; that at each such spot some poisonous material is developed, which, being absorbed by the lymphatics or veins, is received into the circulation, and then infects remote susceptible parts. It has been assumed, though apparently on insufficient grounds, that there is some peculiar relation between rheumatism and the development of lactic acid in the system; and that the continuance of the disease, the acidity of the urine, and the acridity of the perspiration are all connected with this development; notwithstanding (as Dr. Garrod shows) that the blood continues alkaline in rheumatism, and that the perspiration is less acid than in health, and notwithstanding that the urine is only in a comparatively small degree more acid than in its normal condition.

Now, for rheumatism, even, more than for pneumonia, numerous drugs and numerous plans of treatment, propose on theoretical grounds, or accepted in deference to experience, have been used, are still in use, and are relied upon by medical practitioners. Which of these remedial agents is the most efficient, on which can most reliance be placed? Bleeding, mercury, iodide of potassium, colchicum, opiates, lemon-juice, nitrate of potash, bicarbonate of potash, hot baths, blisters and other forms of counter-irritants applied to the inflamed joints, these and many other drugs and other remedial measures may be enumerated; and, so far as I know, a fair average of success has attended the use of each; each, at certain times and in certain hands, has certainly been accredited with so-called "successful" results. But it is even more difficult here than in the case of pneumonia to judge fairly of the success of treatment, partly because of the great irregularity which marks the usual course of the disease, and partly because we are apt to judge of our success or non-success according

as the heart escapes or becomes implicated. One claim asserted on behalf of the alkaline treatment by Dr. Fuller, and supported statistically by Dr. Dickinson, is that heart-disease rarely, if ever, comes on after the urine has been rendered alkaline; but that fact is not admitted by other observers, nor ought it to be admitted except as an accidental feature in a certain series of cases, unless it can also be shown that all tendency to the migration of inflammation ceases at the same time. But that is not asserted, and is most certainly not the fact. A similar claim, with regard to the prevention of heart disease, is put forward by Dr. Herbert Davies on behalf of his blister treatment, and the claim is, of course, of equal value. And, if my memory serve me, nearly every other plan of treatment which has been fashionable of late years, has been attended by the same happy result. Another claim asserted in favor of the alkaline treatment is, that it shortens the total duration of the disease; a claim which has equally been asserted in favor of all other plans of treatment. And here again statistics are brought forward in proof; statistics which would show that the duration of the disease, under any one plan of treatment, is shorter by a few hours or a few days than its duration is under all other plans of treatment. Of course we must all admit that, if any remedy curtail the duration of rheumatism, and prevent the occurrence of rheumatic heart-disease, that remedy is curative and acts as a specific against the disease. But I fancy that very few of us, looking back to our experience of rheumatism, will concede that any such remedy has yet been found; that very few even of those amongst us who believe we have some control over rheumatism through the agency of medicines, will pin our faith to any one drug; and that most of us will entertain a very wholesome suspicion of the value of statistics in settling the point at issue. It is curiously illustrative of the value of statistics, that the cases which Sir W. Gull and Dr. Sutton have published and tabulated, in order to show the success of peppermint-water, have been re-analyzed and retabulated by Dr. Fuller to prove that they are wrong. For my own part I may venture to say that I have, for some years past, been slowly arriving at the same opinion in regard to rheumatism as I have expressed in regard to pneumonia; and on looking over long series of cases treated on different plans, I have been struck with the little essential difference of result which they manifest. I believe, in fact, with Sir W. Gull and Dr. Sutton, that we have no remedy which is capable of curing rheumatism. I may add here, that the observations on the treatment of acute rheumatism and acute gout by rest and ease, made by Dr. Sisson, in his address on Medicine, delivered before the British Medical Association in 1870, seem to me most valuable. He shows conclusively, I think, by a large array of facts,

the insignificant importance of drugs, the immense importance of hygienic measures in the treatment of the former disease; and, in reference to this matter, he arrives at conclusions in which, for the most part, I cordially concur.

#### Effects of Prussic Acid.

Dr. ARMORY of Boston, Mass., in the *Practitioner*, from some experiments deduces the following summary of the pathological effects of prussic acid:

1. Artificial respiration does not prevent the intoxication of Prussic acid, nor does it materially assist in the elimination of the poison; consequently, means directed to the institution of artificial respiration in cases of poisoning from this drug are unnecessary for the protection of life.\*

2. Artificial respiration will prevent the occurrence of convulsions, or of muscular spasms which follow the absorption of this poison in a dose of sufficient quantity to endanger life.

3. Muscular irritability and nervous conductivity are not impaired by the intoxication caused by this drug in cases where artificial respiration has been maintained, until after the cessation of the cardiac pulsations.

4. The static congestion of the pulmonary tissue is either a *post-mortem* symptom, or is due to the asphyxia which has been considered by some experimenters as one of the causes of death in cases of poisoning by prussic acid.

5. Death by this agent is due to some other cause besides asphyxia; and it may be suggested that the fundamental cause is a state of blood-poisoning, due to some alteration of either the physical or the chemical condition of the blood: which of the two, it is not our purpose here to discuss.

6. The apoplexy in the encephalon and spinal cord noticed by Tardieu as an anatomical lesion due to the intoxication produced by this agent, is probably referable to the asphyxia, secondarily induced, and not to the direct action of this poison. The same condition has been observed in animals dying from asphyxia produced by other causes, as by nitrous oxide and by chloroform. When asphyxia is not present in a case of poisoning from prussic acid, no very marked apoplexy or congestion is noticed *post-mortem*.

There are some points connected with the preceding experiments worthy of notice, the discussion of which would exceed the limits of the present article. Without attempting to enter very fully in its discussion, attention is simply directed to one of these points.

\*Ammonia may stimulate the capillary circulation; but if this is the object desired, it could more advantageously be carried out if the solution of ammonia were directly introduced into the circulation by the hypodermic syringe.

†Tardieu, "Etude Médico-legale et Clinique sur l'Empoisonnement," p. 1036. Paris: J. B. Baillière, 1867.

‡Tardieu, "Etude Médico-legale sur la Pénalaison" pp. 260, 267, &c.

§"New York Medical Journal," August 1870, p. 17.



It is generally\* supposed by toxicologists that rigor mortis ensues very early after death from hydrocyanic poisoning, viz.: within two or three hours; whereas, in the three experiments above detailed, the phenomenon did not occur for several hours subsequent to death.

Brown-Séquard and Stannius, working independently of each other—the former at Paris, the latter at Rostock—discovered that in the living animal muscular rigidity, similar in every respect to rigor mortis, could be induced in the lower portion of the body within two or three hours after cutting off from those parts their supply of arterial blood. These two experimenters, both considered that rigor mortis ensued at the final vital effort of muscular contractility. They found that by supplying with oxygenated blood the muscles affected with rigidity, the spasm could be relaxed, and would so remain as long as this artificial supply was maintained, even though the temperature of the injected blood was 20° Fahr. below the normal temperature of the living animal.

In men killed suddenly by some accident, such as by a bullet penetrating the brain, after a period of active muscular exercise, muscular rigidity ensues† within a remarkably short time after death; also in persons dying from the effects of an exhausting disease, as phthisis, or after convulsions, rigor mortis usually occurs within a short time after death.

In men and animals previously in good health, suddenly killed by a poisonous dose of strychnia and prussic acid, rigor mortis sets in quite speedily after the cessation of life. May it not be that a carbonization of the blood, an engorgement of the vascular system with deoxygenized blood, predisposes to the early appearance after death of the rigor mortis?

In my experiments there was little, and in one case no tendency to convulsions previous to death, nor was death preceded by muscular spasms. Was this not due to the maintenance of artificial respiration until the cessation of cardiac pulsations?

Dr. Brinton does not assert that the muscular rigidity occurring instantaneously after violent death from bullet wounds penetrating the brain, is the same as that generally known as rigor mortis. He mentions, however, that "cadaveric rigidity occurs in animals hunted to death or which have died from fighting." In such cases a great degree of muscular activity consumes the oxygen in the blood; and when death occurs, the blood is to a greater or lesser extent deoxygenized. Prof. Brown-Séquard shows most conclusively that the early appearance and short duration of rigor mortis depend upon the diminution of muscular irritability. Consequently the early appearance of rigor mortis after death from

poisons causing convulsions, is undoubtedly due to the diminution of muscular irritability from over-exertion and exhaustion during the convulsions. If these convulsions are prevented by artificial respiration, muscular irritability will last longer after death, and the rigor mortis be delayed.

#### The Use of Tobacco.

Dr. T. L. WRIGHT, of Bellefontaine, Ohio, says in the *Cincinnati Lancet and Observer*:

The injury arising from the use of tobacco is to a great extent negative, although, as a deleterious agent, we will see tobacco exerting sometimes very positive influences.

It would be curious, if it were not pitiful, to fully know what sublime schemes, what profound thoughts, what plans—wide as humanity and deep as the foundations of civilization—have melted away and vanished through the dreamy imbecility induced by tobacco smoke. Yet, when the enervating influence of the pleasing siren has passed off, the young and the ambitious, or, it may be, the old and wise, start once more into activity and seem about to realize, in actual fact, their cherished and noble ideals, when once again, and yet again, forever, the soothing influence of tobacco beguiles and deludes, like a silent dream, every faculty of action and every impulse of energy. Thus postponement, and procrastination, and tobacco dim the brightest intellects, and weaken the pulsations of the noblest hearts, until suddenly, all at once, old age is here. The years of brightness, and promise, and youth are passed and gone, and the "night when no man can work," has come.

Tobacco seems to act primarily upon the organic nervous system, depressing all its functions, as the nutrition of the body, the circulation of the blood, and even the reproductive powers. The influence of tobacco upon the action of the heart, when it is used in undue quantity for a long period of time, is very peculiar, and is well deserving of notice. The heart displays, in time, more or less irregularity in its action. This is evinced in palpitation, in tumultuous motion of that organ, especially when lying upon the left side, confining the space of its action. There may be a loud and thumping sound of pulsation. There is sometimes a gurgling or squirting sensation in the region of the heart. Not unfrequently there is very prominent, upon the slightest mental excitement, a distinct sound about the heart, as of rubbing leather, that is, a creaking sound with every heart beat, like rubbing upon glass with the finger. These symptoms are attended at times with a sense of vertigo or dizziness, and a person so affected often feels that it is safest to sit down a little while to prevent his staggering or even falling. The eyes sometimes feel as though they were fixed in the head immovable, and perhaps crossed, and the person affected wonders in his own mind if he

\*Tardieu, op. cit.

† John H. Brinton, M. D., "Amer. Journ. of the Med. Sciences," Jan. 1870, p. 87 et seq.

‡ Croonian Lecture, "Proceedings of the Royal Society," May 16th, 1861.



does not present a singular appearance to beholders.

All this time the pulse varies. It is always feeble, frequently rapid, "a nervous pulse;" but very often, indeed, irregular and greatly intermittent. Sometimes it is very rapid for a few seconds, then slow and labored; now a heavy throb, again a few hurried, thread like, and very faint pulsations, scarcely, indeed, perceptible, and anon, a stop altogether, until the patient, frightened and greatly concerned—if he is at all attentive to his pulse—lets go the wrist lest his increasing anxiety culminate in his dropping dead. Sometimes he may fall dying. This is a form of heart disease entirely owing to the abuse of tobacco.

In the attacks of prostration, to which allusion is made, the heart is possibly, after many years of conflict with an insidious poison, finally subdued. It is almost powerless, while the brain as a consequence suffers from a deficiency of blood. The face is deadly pale. The end of the nose is cold and pinched. The patient sighs feebly and gasps for breath. He sinks, wonderfully limp and white, close to the bed. A gulping effort to vomit, frequently unsuccessful from sheer prostration, is followed by a state of unconsciousness resembling death. This condition of *syncope* is worse than ordinary fainting. Where the presence of nicotine, or tobacco poison, is universal throughout the system, there is much to contend with in addition to the state of simple fainting. This prostration, sometimes fatal, tells a long story, and to many a plain one, of the slow entrance, but at length universal prevalence of the poisonous principle of tobacco—nicotin—in the system.

It is plain that here is a condition that it will take a considerable time to rectify. To ever recover so far that a recurrence of the fearful symptoms above described shall not be, at any and every season, impending, implies a complete revolution and reproduction throughout the whole structure. Long time, suitable remedies, proper nutriment, and an entire abandonment of the use of tobacco will—assisted by the process of interstitial substitution of healthy substance for poisoned atoms—accomplish the desired object. Until that point is clearly attained—and it will require from one to three years to effect the complete "casting out" of the evil spirit—it will be found that every cigar smoked will threaten, in some degree, to bring on an attack *syncope*. It is surprising to see how *fearful*, so to speak, the system has now become of tobacco, although it seemed once to be absolutely impregnable to its assaults.

It is clear from the foregoing, if true, that the habitual use of tobacco, even when its most distressing effects are not reached, is merely a slow but certain process of dwarfing, or belittling, a man, both in an intellectual and moral sense. The vice of intemperance is incomparably the more lamentable, when

considered beside the habit of using tobacco. Drunkenness is utterly destructive to any and every one of the better characteristics of the human mind, and heart, and body. To compare, in an unfavorable manner, the slave of tobacco with the slave of alcohol, is so manifestly unjust, that the habit of tobacco using acquires a certain title to respect, as something falsified and persecuted.

That people should become addicted to the tobacco habit at all, is only to be explained by the fact that folks often desire to escape from themselves. Habit takes the place of thought; it usurps the throne of intellect. In our own country especially, where the excitement of politics is so frequent and intense; where the weak minded and the ignorant, as well as the intelligent and intellectual, are so frequently whirled into an abyss of passion, with little but excited and perverted feeling for director and guide, there is little reason to be surprised that so many resort to the quieting, pigmy-making properties of tobacco for relief.

And yet to the oppressed in every country and clime; to those whose bruised hearts throb in anguish; whose tired and fretted brains would seek repose under the ministrations of that last great friend—Death; to such, tobacco affords a refuge and a solace, better, safer, and more complete than anything else that is known.

Like some beneficent power, it can calm the perturbed and grief-stricken spirit of the wretched; and, taking the place of

"Some sweet, oblivious antidote,  
Cleanses the stuff'd bosom of that perilous stuff,  
Which weighs upon the heart."

#### Cystitis in the Female.

DR. Pallen says on this topic, in the *St. Louis Medical and Surgical Journal*: With regard to cystitis as produced by calculus, uterine misplacement, uterine disease, vascular growths at meatus urinarius, stricture of the urethra, urethritis, fissure of the anus, hemorrhoids, laceration of the perineum, disease of the spine, gonorrhea, cancer, tubercle, and all other recognized causes, I do not propose to dwell upon them, but should the inflammation of the bladder exist, should we determine positively that inflammatory concentric or eccentric hypertrophy of the organ exists, the question of treatment is the all-absorbing one. Boyer, Civiale, Sir Benj. Brodie, Coulson, Velpeau, Nelaton and Niemeyer, state that chronic cystitis with either of these changes, (eccentric or concentric hypertrophy) is liable to produce death; or, in other words, that the disease is usually incurable: whilst, on the other hand, Demarquay, Braxton, Hicks, Anussat, Jr., Sims and Emmet, hold out most flattering inducements to the profession with regard to local treatment. Lionel Beale, as above quoted, relies

more upon a general constitutional and hygienic treatment than upon a local one, with the exception of cleansing the bladder by means of frequent and copious warm water irrigations slightly acidulated with nitric acid, one drop to the ounce. All, however, insist upon the advantages gained by washing out the bladder in order to get rid of the alkaline state of the secretions, the mucus, and the entangled crystals of the triple phosphates, urates and oxalates, and after the cleansing is complete to inject a warm solution of morphia (one to four grains to the ounce) thrown in and permitted to remain. Whether the lining membrane of the bladder, possesses or not, an absorbing power, experience teaches that the morphia solution is followed by a decided amelioration of pain. Injections of tannic acid, mild nitrate of silver solutions, balsam of copaiba, Venice turpentine, chlorate of potash, weak solutions of carbolic acid, tar water, claret wine, permanganate of potash, and other medicaments have been used and vaunted in various forms of vesical catarrh, occasionally with benefit, frequently with none, and sometimes hurtfully. Sir Henry Thompson thinks highly of the administration of an infusion of the (*tritium repens*) common couch grass, but like buchu, uva ursi, pareira brava, Vichy, Carlsbad, Contrexeville, and other waters, xanthoxylins, the preparations of potassium and sodium, etc., etc., it is destined to run its course and be placed alongside the others to be used only as a substitute when they fail. The prominent modus medendi, or rather the chief indications in the local treatment of non-symptomatic cystitis, consists in quiescence of the bladder, drainage of the urine, and keeping the cavity free of mucosities, concretions, and deposits which not only irritate by their presence, but the decomposition of which frequently give rise to secondary toxic disease.

Two prominent procedures have been proposed to produce quiescence, one by Dr. Thos. Addis Emmet, which consists in the formation of artificial vesico-vaginal fistula, and Nelaton's forcible dilatation of the urethra. Gueneau de Mussy\* reports a case where Voilemier in the Hotel-Dieu advised dilatation, but which was not carried out, as the patient got well under emollient injections followed by applications of nitrate of silver. Nelaton devised an instrument for the purpose, but the treatment failed in his hands.

Dr. Emmet's views are elaborately published in the February number of the *American Practitioner*, and from the facts presented, he has been very successful in his results, because he not only keeps the organ quiet and empty, but he keeps it clean by numerous washings and irrigations, easily made, as there are two openings, the urethral orifice and the artificial vesico-vaginal fistula. Nelaton failed in his procedure on account of the various pathological changes, the physiological peculiarities, and the anatomical connections,

Dilatation of the urethra for the relief of irritable bladder may serve a good purpose in stricture or fissure of the urethra, but as a cure of cystitis proper (concentric hypertrophy of the bladder being the most frequent variety), it will be found to be of no avail, because one or several weeks' drainage of the bladder is not sufficient to do away with those pathological changes peculiar to cystitis. Again, should the dilatation of the urethra persist for weeks after the forcible rupture of the fibers of the so-called sphincter muscle, incontinence of urine is very apt to ensue. Stricture of the urethra is liable to be produced by forcible dilatation, one case of which I have seen.

In Dr. Emmet's operation, the difficulty is to keep the opening sufficiently large to allow the urine to dribble away, and should a permanent fistula be established, it can be readily closed by the usual operation.

#### Action of Ergot on the Blood Vessels.

The following cases are reported in the *St. Louis Medical and Surgical Journal*, by W. C. MAULL, M. D., of Middletown, Ill.:

CASE I. Mr. J. W., set. 72, farmer; one foot very much swollen, pitting on pressure, swelling extending 3 or 4 inches above the ankle; skin natural color; no pressure upon the blood vessels returning the blood from the affected part could be found; urine, heart sounds and bowels, all right; tongue not coated; pulse regular, soft, vibrating, and 65 per minute. Prescribed muriated tr. iron and tr. digitalis, also gin, and applied bandages. This treatment, with the addition of baths and daily friction, was continued for a month, without perceptible improvement. Seeing ergot credited with the power of contracting the unstripped muscular fibers of the blood vessels, and believing the pulse of patient indicated considerable relaxation, I continued the iron, and gave besides 20-drop doses of fluid ext. ergot every four hours. Improvement commenced in several days, and continued to complete restoration.

This result may be considered coincident with the administration of the ergot. I have never heard of its administration in like cases, and therefore expect criticism. To change an old saying without marring its truth, the early worm seldom escapes the bird. But what is there more remarkable about its action in this case, than in its cure of aneurism, as first reported by Langenbeck? He treated an aneurism of the radial artery, the size of a hazel nut, by injecting ergotine under the skin over the aneurism, and it disappeared. The remedy, it appears to me, must have entered the circulation before it acted. As yet no virtues have been accredited to ergotine not possessed by ergot. If it then has power to cause sufficient contraction of the walls of an artery to destroy an aneurismal tumor the also

mentioned, is it improbable that the medicine entering the blood through the stomach would have sufficient power to contract the debilitated blood vessel? Without being prolix, the following inclines me to believe the medicine will be found useful in such cases. The pulse, soon after beginning its use, became stronger; patient exhibited less irritability, lassitude, depression of spirits, etc., the frequent result of impaired or difficult blood supply to the nervous centers. The relaxation of Mr. W.'s circulating system was so apparent, that digitalis, on account of its reputed power in such conditions, was thought particularly indicated.

CASE II. Mr. M., *et* 74; walking about; complains of tenderness in epigastric and hypochondriac regions; says something presses up his lungs and prevents his breathing freely; tongue pointed, fissured, and thickly coated with a yellowish white fur; pulse soft, irregular, and intermittent; a pulse lost after every fourth beat; compelled to micturate several times during the night; hypertrophied prostate probably present; has been treated for heart disease; I ascribed the increase of his trouble to torpidity of the secretions. Prescribed alterative doses of calomel, to be followed in a couple of days by iron, digitalis, and valerian. Improvement followed; in a couple of weeks after he relapsed. Thinking his trouble worse every other day, I gave quinine *grs. iij.*, every three hours, until 21 grains had been taken; gave also the alterative and digitalis. Patient was soon able to sit up. While convalescing he was at times irrational. Nurse noticed the spells some time before she mentioned it. I pronounced them the sequels of disease and decay until I saw one of them. When I entered the room, he knew no one; his eyes were staring and expressionless. After a couple of hours he became rational, pulse irregular, intermittent, and very soft. I resolved to try to restore the circulation with ergot; gave *x. gttss.* fluid ext. ergot every two hours. No more spells, as nurse called them; and tonics gradually restored the old man to comparative strength. The action of ergot in this, as in first case, upon the circulation, was very appreciable. The pulse became distinct, stronger, and more regular.

CASE III. Mrs. H., *et* 38; anæmic; relaxed, hysterical; been under treatment, for both real and imaginary troubles, for a couple of years; tongue much coated; pulse 112, full and very soft; some indications of incipient phthisis; spleen slightly enlarged; actions from the bowels and kidneys normal; much troubled from throbbing of the abdominal aorta. Gave purgative, cholagogue, to be followed by bromide potassium and fluid extract of ergot. Saw her again one week after; much improved; says the purgative acted freely, and that the pulsations of the aorta ceased to annoy her a couple of days after commencing treatment.

CASE IV. Mrs. R., *et* 28; attends to her household affairs. Says she is troubled with throbbing in the abdomen, and that after considerable exertion it is so great that she is compelled to take to her bed for a time. No other trouble could be found. Prescribed fluid extract of ergot. Two weeks after, says the medicine acted like a charm; declares she is entirely relieved.

In small doses, frequently administered, I have not observed ergot to lower or perceptibly reduce the pulse. Patients never complained of fullness of the head or nausea, nor did it at any time noticeably affect the secretions or excretions. In labor I have used it also in large doses, at short intervals, and can recall no other disagreeable effect than nausea, sometimes followed by emesis. Dr. A. Jacobi considered its "power in diminishing the size of the blood vessels manifest from its value as a hemostatic." The truth that it has been found practically beneficial in hemorrhage, in various nervous diseases, throbbing of the abdominal aorta, aneurism, and similar affections, in fact, in those pathological conditions marked by dilatation or relaxation of the walls of the arteries, cannot be too highly appreciated. Although it may be found not sufficient to accomplish the desired result alone, it certainly can be relied upon as a powerful adjuvant.

#### On the Use of Pepsine in Diarrhea.

Dr. A. DAVIDSON, assistant physician to the Children's Infirmary, Liverpool, writes to the *Practitioner*:

There is a form of diarrhea often observed in young children from one to two years old, in which the ordinary treatment by antacids, aromatics, astringents, etc., has no good effect; but if pepsine be administered, it scarcely ever fails to restore the child at once to health. The diarrhea in this instance arises from feebleness of the digestive powers. A large proportion of the food is not assimilated, and consequently passes on and appears in the motions in an undigested state.

These cases are frequently met with in hospital practice, and are easily recognized. They are not more prevalent in the summer months, but occur at all times of the year. They are most frequent after the period of weaning; but sometimes weakly children fed at the breast are affected in this way. When the children are brought under medical observation, it is usually found that the diarrhea has existed for several weeks or months, and has resisted all the ordinary treatment by medicines and regulation of diet.

The symptoms are as follows. The motions are frequent, and vary considerably in character in different cases, but always show the presence of undigested food. Usually the action of the bowels takes place directly after the time of feeding; and this circumstance leads the mother or nurse to describe the child's



state as one in which the food passes right through it, and does it no good. Of course it is impossible that the food really passes through the intestinal canal so rapidly as this description would imply. What really occurs, is that the ingestion of food into the stomach excites the action of the bowels, and leads to the expulsion of the half-digested food previously lying in the large intestines.

Considerable disturbance of health usually results from this form of diarrhea, but by no means the same amount of exhaustion or emaciation as would follow an ordinary attack of catarrhal or inflammatory diarrhea of the same duration.

In the treatment of this class of cases, it is utterly useless to administer the aromatic astringent mixtures, or other medicinal remedies suitable for ordinary diarrhea; but if small doses of pepsine be given with the food, immediate improvement is the result, and ultimately complete cure. The preparation I have chiefly employed is pepsine wine, of good quality, in doses of one teaspoonful three or four times daily. In some instances, an alcoholic solution of pepsine, sold as "Liquor Pepsicus," was given; but this is not quite equal to the wine in efficacy, and is less pleasant to the taste.

The following is an illustrative case, selected from a very large number which I have met with in the out-patients' department of the Children's Infirmary. In only two or three instances out of these have I found the remedy unsuccessful.

*Case.*—G. H. —, aged 18 months, had suffered from constant diarrhea for six months, and had been treated with all sorts of medicine without benefit. The motions were frequent, dark in color, and very fetid, and contained undigested food. His mother stated that the food went through him as soon as he ate it. He was not feverish, but pale, weak, and irritable. A dessertspoonful of pepsine was ordered to be given thrice daily, no change being made in his diet. Immediate improvement resulted. In ten days it was noted, "He is nearly well; greatly improved in general health; bowels act only thrice daily, and are natural in appearance and odor."

#### The Treatment of Spinal Curvature.

Mr. RICHARD DAVY, F. R. C. S., says in the *Practitioner* for March:

The treatment of spinal curvature may be essentially subdivided into—firstly general, and secondly mechanical, treatment.

Under the first count are included rest, sea-side air, strengthening food, oleum morrhue, careful nursing, and such like; and the late Sir Benjamin Brodie concentrates the essence of such treatment in advising a couch pleasantly situate near the sea-beach; indeed, it is useless to undertake the treatment of this deformity without paying marked deference to the general means of cure; but especial prom-

inence has been given in this short paper to the local and mechanical means of surgical assistance.

Under the second count are included local and mechanical means.

The utmost importance must be conceded to the recumbent posture at an early stage of the deformity. This necessity for early rest is in many instances entirely overlooked by the parents; many a child is unnecessarily tormented by an anxious mother, who runs from one orthopedic institution to another, in the mistaken delusion of thus obtaining the best treatment. The poor child protests, and shows its sufferings by its peevishness and groans; the mother contents herself with the empty self-congratulation of having exhibited her offspring to goodness knows how many doctors. Nothing can so effectually give rest and ease to the diseased vertebral column as this apparently simple recommendation of the recumbent posture; but in reality, amongst the rich this treatment represents a couple of extra servants, amongst the poor it involves an impossibility.

Children, again, not being aware of the importance of rest, are with difficulty kept lying down; probably the easiest means of insisting on this principle of rest with them is to net over their cribs; whilst amongst the hunchbacks at or about the time of puberty there exists such a refractory impatience of restraint and such precocity as to baffle the good intentions of any surgeon. Before leaving the subject of the recumbent posture, let special stress be laid upon its importance in cases of cervical curvature; so as to avert any secondary implication of either the medulla oblongata, or roots of the phrenic nerves.

The difficulty, then, of restraining these cases of spinal curvature led to the employment of spinal instruments, on the principle of relieving the vertebral column of superincumbent weight, while freedom was allowed for taking sufficient exercise to maintain a certain degree of vigor.

What can the surgeon fairly expect from the use of a spinal instrument? Simply support, and a correction of the tendency to increased deformity. As a gardener supports the delicate stem of a plant by a firm stake, or as in young fir plantations side support and an upward direction and shelter are ensured by adjoining stems, so the surgeon uses a spinal instrument to shelter, support, and as it were coax the feeble spine into its healthy, natural position.

Let me now express my strong dissent to the too universal application of spinal instruments. Surgeons weekly receive applications for spinal instruments where no spinal disease exists, and where the appliance (if granted) would but tend to increase the deformity.

Let me further object to and expose a rather numerous class of individuals, who foolishly believe that their duty to their deformed charge has been performed as soon as the



victim has been encased in a spinal instrument, and thus seek to shift the onus of treatment from their own to the surgeon's shoulders.

Still further, objection must be taken to the intrusive desire of any instrument-maker to complicate the essential simplicity of a spinal instrument: as a rule, the more movements, the more pay for the instrument-maker; but the more movements, the less relief for the patient.

Complicated movements, if kept in action, must guarantee much interference; if unused, such movements are quite unnecessary.

Side plates are certainly advantageous, if manual support to the projecting ribs and transverse processes gives relief to the patient; and of all elevating principles that have been applied to the crutch of spinal instruments there is none so easy and so practically useful as the principle used by Sayre for extension in cases of morbus coxae. It allows elevation or depression to be performed easily, safely and advantageously, either by the surgeon or patient; many a sore axilla will be saved, and much more support (consecutive on the growth or improved condition of the vertebral column) will be gained by the further use of his elegant mechanism. Many of the spinal instruments for the Surgical Aid Society of London are now being manufactured by Mr. Lindsey after his plan.

The natural cure of these deformities consists in bony ankylosis of the bodies of the vertebrae; and the frequency of bony nodules being found on bodies of the vertebrae demonstrates how ready nature is to throw out support for a feeble spine: yet even in old permanent fixtures of angular curvature of the spine you may still see movements on the instrument worn; i. e., the officious surgeon endeavoring to undo what nature has wisely done. Let me once more insist, therefore, on the strict simplicity of a spinal instrument, as an agent of support as opposed to coercion.

To summarize this sketch. Grant attention to the sterling value of an early correct diagnosis; good general treatment; the importance of rest; the recumbent posture; and mechanism only as supportive agents.

1. For recent cases with advancing deformity, general treatment, rest, recumbent posture: as nature regains strength, and the bony deposit is being organized, mechanical support, and the sparing adjustments of spinal movements.

2. In chronic cases with stationary deformity, general treatment and mechanical support.

3. In hysterical cases, chloroform must be administered; moral control and physical exercise employed; and a full exposure given to any smack of deception.

4. In weakly constitutions with slight de-

formity, tonic-treatment, sea-side baths, and correction of faulty tendencies.

#### On Dyspepsia of Liquids.

Dr. THOROWGOOD records, in the *Lancet*, several cases which he considers to be good illustrations of that indigestion of liquids which has been carefully described by Chomel in his work on dyspepsia. The affection, in its fully developed form, he does not believe is common in this country, though he has met with several cases in the course of the last few years. The following is one of them:

James M'C., aged 30, a pale, dark, intelligent man under Dr. Thorowgood's care, complaining generally of dyspeptic symptoms, and especially of the great uneasiness caused by the presence of any amount of liquid in the stomach. Liquids in the slightest degree acid were most distressing to him, and at times he had attacks of sour pyrosis. He complained much of dryness of mouth, with dry skin and costive bowels, urine loaded with lithates, but free from traces alike of sugar or albumen. No loss of flesh; pulse slow and soft; nothing irregular to be found in heart or lungs; no sort of tumor or thickening about pylorus, but on gently vibrating the stomach, fluid was heard splashing about in it, and this sound could be always produced irrespectively of any liquid having been recently ingested. The stomach was much distended. The early treatment of this case consisted in the use of alkalies, with bismuth and various bitters, but no improvement resulted: the only noteworthy feature was the effect of a pill of extract of opium at night, which regulated the action of the bowels so completely that the patient asked for the pills as *aperient* pills. It was afterward agreed that the patient should drink as little as possible, and take no other medicine than a powder of rhubarb and magnesia every morning. From this time he steadily improved, and after about two months' treatment he appeared to be cured, and was, six months afterward, still in good health. Dr. Thorowgood considers the dry plan of diet the only one likely to be followed by any amelioration of the symptoms; and until this is tried, no medicine will prove of any service. At times fits of faintness, with irregular action of the heart, are prominent symptoms in these cases of dyspepsia of liquids, the cause being due to the distended state of the stomach. The patient must bear a certain amount of thirst as well as he can, and take but small quantities of liquids at a time, and not drink for an hour or more after he has taken his meal of solid food. Weak whisky and water, sherry wine, and toast and water, are amongst the least objectionable drinks; and sometimes a small cup of good beef-tea, free from any farinaceous admixture, will suit well. One of his patients found a wine-glass of good stout to agree well and relieve his thirst.

## Reviews and Book Notices.

## BOOK NOTICES.

**A Treatise on Diseases of the Bones.** By THOMAS M. MARKOE, M. D., etc. N. York, D. Appleton & Co., 1872. 1 vol. cloth, pp. 416.

Probably no one in this country has given closer attention to the diseases of bones than Prof. MARKOE, and the results of a score of year of wide observation carefully recorded are embraced in the volume before us. It is needless to say that it is most instructive, we may say almost indispensable to whosoever would be a finished surgeon. The subject is divided into three main divisions, one on diseases of bone proper, the second on tumors of bone, the third on malignant diseases of bone. In the first mentioned are embraced hypertrophy, atrophy, inflammation and its consequences, mollities, fragilitas, rickets, caries, necrosis.

Many of the cases recorded are drawn from the records of Bellevue Hospital, New York, to which the author has long been attending surgeon, and have therefore the additional merit of originality. Other sources of information have, however, not been neglected, and the author acknowledges his indebtedness to the medical periodical literature of the country for much valuable material. Some diseases, such as rickets, are necessarily described chiefly from printed sources, but these lesions are those which rarely occur in this country.

A number of the wood-cuts with which the work is illustrated are original, from photographs of specimens in the cabinet of the New York Hospital; others are from recent surgical works.

**Clinical Lectures on the Diseases of Women.** By Sir JAMES Y. SIMPSON, Bart., M. D. D. C. L., etc. Edited by ALEXANDER R. SIMPSON, M. D. D. Appleton & Co., N. Y., 1 vol. cloth, pp. 789. Price \$5.

This forms the third volume in the collected works of Sir JAMES Y. SIMPSON, and being independent of those which have preceded it, complete in itself, and more directly practical, will probably be interesting to a wider circle

of readers. Many of the lectures it contains were published in periodicals some ten or a dozen years ago, but others now appear for the first time. They are not arranged in a systematic order, but cover most of the ground embraced in regular treatises on diseases of females. The following maladies form each the subject of one or more lecture: Vesico-vaginal fistula, pelvic cellulitis, pelvic peritonitis, pelvic hematocoele, cancer of the uterus, coccygodynia, dysmenorrhea, vulvitis, surgical fever, phlegmasia dolens, spurious pregnancy, ovarian dropey, ovariectomy, craniocele, puerperal mania, sub-involution of the uterus, amenorrhea, rupture of the perineum, fibroid tumors of the uterus, polypi of the uterus, leucorrhea, chronic metritis, prolapsus, retroversion, and many less important affections we have not named. Thus, it will be evident, the author goes pretty well over the whole territory of gynecology, and in that relation we may paraphrase about Prof. SIMPSON, Dr. JOHNSON's epitaph of GOLDSMITH, and say that in this branch he wrote of nothing that he did not throw a new and vivid light upon. To be sure, in the rapid march of that department of medicine the views of ten years ago are already left a good way behind, but every reader will find in this volume rules of practice and methods of investigation which time cannot render obsolete, and which mark the master-mind.

The illustrations are one hundred and forty-two in number, and the general appearance of the volume is attractive.

## Opium Eating.

THE Legislature of Kentucky, in order to check the practice of opium eating, which is greatly on the increase, has just passed a bill that, on the affidavit of two respectable citizens, any person who, through the excessive use of opium, arsenic, hashish, or any drug, has become incompetent to manage himself or his estate, may be confined in any asylum and placed under guardianship, as in the case of habitual drunkards or lunatics.

## Cotton Seed Oil.

THERE are at present upward of twenty mills in this country exclusively operated in the manufacture of oil from cotton seed, and over one hundred and fifty thousand tons of seed are used annually. The oil-cake is sent largely to England, where it is used as food for cattle. The oil goes mostly to Bordeaux, Barcelona and other olive-growing sections of Europe, from whence, after "doctoring," it comes back as "pure olive oil."

**MEDICAL AND SURGICAL REPORTER.**

PHILADELPHIA, MAY 25, 1872.

A. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

**THE AMERICAN MEDICAL ASSOCIATION.**

The meeting of this body, whose proceedings we have laid before our readers, was characterized by greater harmony, by a steadier devotion to the objects of its formation, and by an avoidance of useless discussions, which must gratify all friends of science. The strictures which have been justly made upon the tone and temper of the last few meetings would not apply to this one. As we remarked last year and year before, the Association had become too neglectful of science, and too much interested in personal and partisan squabbles. Fortunately those issues in the present instance were laid aside, or nearly so, and the general interests of the profession and the advancement of medical science came forward to resume their proper place before the assembled members.

We heartily wish this may be the case at the next and all subsequent meetings. The exhibition of medical books and surgical appliances doubtless aided to this end. It was hampered indeed by some useless and factitious restrictions, but as an inception of an excellent design, it succeeded well. The practical illustrations of spectral analysis, and

other scientific demonstrations, were also very successful. Of the "hospitalities," which seem to be considered indispensable to such occasions, and which were not wanting here, we leave those to speak who attach importance to them.

**Notes and Comments.****Wells' Testimonial Fund.**

At the suggestion of the late Sir JAMES Y. SIMPSON a WELLS' Testimonial Fund is now in progress in England, with the idea of making some provision for the family of the man who first practically applied the principle of anaesthesia for surgical purposes. That man was certainly a benefactor of his race, and his services should receive public acknowledgment.

We are glad to learn that a WELLS' Testimonial Fund is being started in this country, and trust that it will receive general encouragement. Some of the best men in the profession are giving it their influence, as will be seen as soon as the circulars are prepared.

**French Medical Temperance Society.**

M. DUMAS has recently directed the attention of the Academy of Sciences of Paris to a newly formed association against the abuse of alcoholic liquors. The object of the society is to combat the rapidly increasing abuse of strong drink, and to encourage the formation of local societies in the provinces which shall have the same object. The society will employ every means to attain this end that occasion may afford; and in particular it proposes to institute conferences on the dangers of intemperance; to encourage publications of various kinds (pamphlets, manuals, almanacs, etc.) conceived in the same spirit; to encourage, especially by means of co-operative associations, the use of coffee, natural wines, cider and beer, as the usual beverages of the people; to endeavor to obtain an increase of the duties on alcoholic liquors, and as far as possible an alleviation of the taxes on the other beverages; to call for legislative measures against public drunkenness, and for a stricter control for the sale of spirits. The promoters of the movement furnish statistics



illustrating the growth of the evil with which they are to deal. Since 1820 the consumption of alcohol has been trebled. In 1850 nine-tenths of the alcohol manufactured in France was derived from distillation of the vineyard produce; while in 1869 not more than three-tenths of a greatly increased total quantity was derived from that source, the larger portion being procured from the distillation of beet root, molasses and cereals. Further, the price of alcohol has fallen to one-fourth of its price in 1850; and the number of places of sale has increased in an inverse ratio. The disastrous consequences of the abuse of alcohol are represented. The danger to life in cases of habitual drunkards who have become the subjects of surgical injuries or of internal maladies is greatly increased. The number of accidental deaths, suicides, and outrages distinctly traceable to drunkenness, is about three times as great as it was thirty years ago. Lastly, it is stated that the increased use of alcohol has gone hand in hand with an enormous increase in the number of lunatics; and this increase is especially marked in those departments where the alcohol is derived chiefly from beet root and grain. The president of the association is M. BARTH, president of the Academy of Medicine; and the committee of organization is composed of men distinguished in the Parisian medical world.

#### Guarana—A Remedy for Sick-Headache.

DR. SAMUEL WILKS, F. R. C. P., Physician to Guy's Hospital, says in the *British Medical Journal*:

I wish to draw the attention of the profession to *guarana* as a remedy for sick-headache and at the same time to ask for the experience, of those who may already have some acquaintance with the drug. My own knowledge of it dates about two years back, when, after the appearance of a lecture of mine upon sick-headache, I received a letter from Mr. HELMCKEN, of British Columbia, inclosing two powders which he recommended to me with much confidence as able to cure the complaint. He said that, having heard much of the remedy, "I resolved to try the medicine upon one of my patients who was always coming to me with sick-headache; and sure enough it acted like a charm; and in place of suffering for twenty hours or so, the headache had dis-

appeared in a couple. This accords with what others have told me." Upon my first headache after the receipt of Mr. Helmcken's letter, I took the powder, but with only doubtful effect. I therefore did no more than casually mention the medicine to my friends, but did not recommend it. A few weeks ago, after the appearance of a second communication of mine in the *Journal* upon the same complaint, I received a letter from Dr. WOOD, of Montreal, in which he also recommended "*guarana*" as a remedy for headache, and gave a history of his own personal sufferings and the relief which he had obtained. He says: "By taking one of these powders and remaining quiet when I have felt premonitory symptoms by a beginning of pain always in the right temple (headache on the other side, or in any other part of the head, I never mind), I have carried off the attack; and, with the first box, absolutely put it off for two months—something which had never occurred in my life before." Upon so good an authority, I determined to try the remedy in a more systematic manner, and requested my neighbor, Mr. HOOPER, the chemist, to procure me a packet of the powders. These I have recommended to several patients and friends; and the result is so encouraging, that I have hastened to suggest their trial to my professional brethren. One lady speaks most enthusiastically of their power, as she has now, on two separate occasions, had her headache arrested by their use. The drug has long been known, for mention is made of it in English and French pharmacologies, but appears never to have come into general use. It consists of the seeds of a tree growing in Brazil called *Paullinia sorbilis*; and these, according to JOHNSTONE, in his *Chemistry of Common Life*, are used as we do cocoa. The seeds are ground into powder, and contain an alkaloid which is said to be identical with that found in tea and coffee. The medicine is manufactured by Grimaud and Co., No. 7, Rue de la Feuillade, Paris.

[We have used *guarana* in a few cases without any obvious benefit; but our experience with it is too limited to be of much value.—EDS. REPORTER.]

#### North-Western Ohio Medical Association.

The next regular meeting of this association will be held in Findley, Thursday, June 6, 1872. Physicians throughout the Northwest are invited to be present.

S. A. BAXTER, Sec'y.



## Correspondence.

## DOMESTIC.

## Spotted Fever and Its Treatment.

## EDS. MED. AND SURG. REPORTER:

Having just about passed through an epidemic of "spotted fever" or cerebro-spinal meningitis as some writers prefer naming it, I am induced to present to the medical profession, for their acceptance or rejection, my views on this peculiar affection. Although the views which I hold respecting it did not originate with me, yet I acquiesce in them and propose to maintain them until future observations prove them to be incorrect. I assert that the disease is not an inflammation of the meninges of the brain and spinal cord, and that "brain fever," "spotted fever" and cerebro-spinal meningitis, are misnomers, and do not indicate the character of the disease with proper clearness. Epidemic rheumatic fever, or cerebro-spinal rheumatosis will answer.

That it is a rheumatic affection is made manifest from the following symptoms: twelve hours preceding the attack, when physicians are called, the patient complains of flashes of heat, with slight chilliness, and a sense of "leg weariness," or sharp pains darting through the extremities; he retires, and between the hour of midnight and four in the morning, he is aroused from a sleep which has been disturbed by frightful dreams, by a chill which lasts from twenty minutes to one or two hours, succeeded by great febrile excitement, accompanied with severe lacerating pains within the cranium, extending down the back and in the limbs. The countenance often flushed expresses surprise or wildness and terror. The eyes are rolled upward and inward, with half closed lids, the pupils are of a vibratory character, dilating and contracting at almost every respiration, which peculiarity is maintained until the brain is freed from all of the "materies morbi."

The above enumerated symptoms do not correspond with those attendant upon congestion or inflammation of the brain, but point directly to a neuralgic or rheumatic disorder. There is great restlessness, moaning or uttering plaintive cries. The pulse is soft, slightly increased in frequency, and decidedly irregular, losing one beat in nine or ten. The breathing is irregular, and is not controlled by the action of the heart; the pulse has been as high as 140 and respirations nine, within a minute. This is never present in inflammation of the brain proper, or at least I have never observed it. The speech is thick, and articulation very imperfect. Constipation is present, and obstinate, but much easier effected by purgatives than in cases of inflammation of the brain. The tongue is generally coated with a white granular fur, which

changes first to a brown and then to a black which peels off in flakes or rolls of the thickness of brown paper, after which it is liable to go through the same changes again. The lips and gums are effected in the same manner, with collection of sordes on the teeth. There is general soreness of the whole body—hyperæsthesia—which continues from the commencement of the attack until convalescence is fully established.

Sudden changes in the weather very materially affect the condition of the patient; after a change from a warm to a cold, damp atmosphere, all the symptoms are worse, and from a cold to a warm period, the symptoms are improved. Not one case has occurred in this place, but what has been preceded from twenty-four to forty-eight hours by a sudden change in the weather. Physicians of good repute in this county, have treated cases for two and three weeks for inflammatory rheumatism of the lower extremities, and on their return visit, after a sudden change in the weather, have found their patients laboring under an attack of "cerebro-spinal meningitis" so-called, and have been more firmly convinced than ever, that all diseases are very liable to partake of the epidemic influence, not supposing that it was the same thing, only, that it had changed its base of operations.

Death may take place in from twelve to seventy-two hours from compression of the brain, which is produced by a thickening of the membranes and a deposition of effused fluid between the pia-mater and arachnoid; the usual symptoms indicative of this condition being exhibited by the patients, a thickening of the membranes of the spinal cord would produce paralysis below the compressed portion, which has been noticed in a number of instances. That rheumatism will produce this condition of things, I think there are none who will deny, and as it is plausible and reasonable to suppose from the evidences that I have seen, and from the testimony of other physicians, I am convinced that cerebro-spinal meningitis, should be known as cerebro-spinal rheumatosis.

The treatment should be prompt and active during the first three days. When coma is impending topical depletion should be resorted to by cups applied to the temples, back of the neck, and down the spine, followed by hot fomentations, which will afford great relief. The application of ice to the head and spine is positively injurious. The patient should be brought under the influence of calomel as speedily as possible with free purgation. Dover's powder, with the addition of morphine, if necessary, to relieve the acute pain and procure rest. Quinine in large doses from the commencement should be exhibited and steadily pursued. Diuretics, as acetate of potassa, sweet spirits of nitre, or neutral mixture should be given at intervals. After the relief of the brain symptoms, it should be treated as

any ordinary case of sub-acute rheumatism, I use the following mixtures:

R. Tinct. prickly ash, tinct. cimicifuga rac.  
Tinct. g. guaiacum aa.,  $\frac{3}{4}$ ℥.  
Tinct. colchicum rad.,  $\frac{3}{4}$ ℥.  
Acetate of potassa,  $\frac{3}{4}$ ℥.  
Syr. simplex  
Spts. vin. gallicl.  $\frac{3}{4}$ ℥. M.

Sig.—A desertspspoonful every four hours.

R. Quin. sulph., gr. xl.  
Tinct. ferri. chlor.  $\frac{3}{4}$ ℥.  
Syr. simplex.  
Aque menth. pip., aa.,  $\frac{3}{4}$ ℥. M.

Sig.—A desertspspoonful three times a day, with Dover's powders at night if necessary.

I have had under my care thirty-two cases of this disease; three proved fatal within forty-eight hours—all of the remainder have recovered; the treatment has not been materially different from what has been just stated.

J. MACLAY ARMSTRONG, M. D.  
Edwardsville, Ill., April 20, 1872.

#### Testimonial to Horace Wells.

EDS. MED. AND SURG. REPORTER:

The right position taken by the MEDICAL AND SURGICAL REPORTER several years ago, upon the subject of the history of the origination of surgical anesthesia, leads me to believe that you will admit a few words, which ought to have had the opportunity of being said in the late convention of the American Medical Association. "Hasty legislation" it undoubtedly is, whenever an important motion is laid on the table without a moment being left for the mover to explain its reasons and objects. Such of the Committee of Arrangements as "cordially approved" this action, forgot for the moment not only courtesy, but justice; a forgetfulness somewhat more tolerable, of course, in Dr. BOWDITCH, of Boston, who may be supposed to hold loyalty to the claim of MORTON to be a sort of duty. Now the facts are simply these: A connection of HORACE WELLS, with a natural and generous concern for his impoverished family, handed a resolution to a member of the association, requesting that it should be offered. It reaffirmed the declaration of the association previously made, that HORACE WELLS was the original discoverer of anesthesia; and proposed that the association acknowledge the suggestion of the late Sir JAMES Y. SIMPSON, that a testimonial fund be made up in England in his honor, and that encouragement should be given to a movement (misread by the secretary, monument) of the same kind in this country.

It ought to have been easily understood, that such a testimonial does not need to disturb whatever honor any one may wish to give to the real merits of MORTON in connection with anesthesia. All may admit that, after WELLS' first intuition of genius had led

him to experiment with nitrous oxide, accident interrupted his success with it; that MORTON's perseverance led him to succeed with ether, and that his energetic aggressiveness promulgated anesthesia to the world. WELLS' share was priority of invention; MORTON's, practical and successful application. All that has been proved long ago, as fully as anything in history can be proven.

And it ought to be allowed now to enhance the merit of WELLS' discovery, that others have been, since, more fortunate than himself with nitrous oxide; so that it now occupies a very large and important place in the usefulness of anesthetics. When, then, a proposal was made, on the basis of the association's right declaration of two years ago, to encourage an effort for the aid of HORACE WELLS' family, in recognition of his part in the history of anesthesia, it ought to have been respectfully received, and passed; notwithstanding the jealous impatience of the much respected delegate from Boston.

HENRY HARTSHORNE, M. D.

#### Corrigenda.

EDS. MED. AND SURG. REPORTER:

In my article on measles there are several errors and inaccuracies chargeable to my own too careless way of writing, and a few chargeable on the printer. In one place he uses the word discord instead of disease, and in the last paragraph, after the words "I have explored but a small part," he has omitted a whole line. The sentence should read: "I have explored but a small part of the vast field of medicine;" then the remainder of the paragraph will have its proper significance. If you will please make the correction in the coming number of the REPORTER, you will truly oblige me. HIRAM CORSON, M. D.

Maple Hill, May 15, 1872.

#### Vaccination.

EDS. MED. AND SURG. REPORTER:—

The reports of private individuals and papers concerning the small-pox with all its fatality in Philadelphia, has suggested the question, whether vaccination has lost its efficacy, or whether it has been neglected. I have a paper also from a private individual, saying he has carefully looked "since the small-pox has been so virulent in Chicago, but has failed to find out in a single instance where such fact has been demonstrated, as that vaccination is a preventive of small-pox." The article, however unreasonable, may do mischief, and perhaps for that reason alone deserves a review which I have begun; but as I have had no case of the disease during this epidemic, and know not what peculiar characteristics may mark it, will you be troubled by me sufficiently to give me through a number

of the MEDICAL AND SURGICAL REPORTER, any information necessary—whether any vaccinated persons have died; how often and how many times they were vaccinated; how lately and at what ages they were vaccinated? My practice while in Baltimore a number of years ago, brought me into contact with small-pox, and acting as vaccinating physician for three years in the 5th and 8th wards, gave me some observation which I thought settled my opinions. But if small-pox must prevail in opposition to all that physicians harmonizing with the people can do, it is directly contrary to all that I had taken to be established theory.

Respectfully,

J. A. BALDWIN, M. D.

Beech Pond, Penna., May 2, 1872.

[There have undoubtedly been a limited—a very limited—number of instances reported on good authority where vaccination and re-vaccination, however successfully performed, have not proved effective. But they are probably not greater in number than instances of persons having small-pox twice. The protective power of the operation has been abundantly and successfully demonstrated in the epidemic in this city. Interested persons (as we showed recently) have circulated groundless reports to the contrary. We challenge them to produce details.—EDS. REPORTER.]

## News and Miscellany.

### Medical Society of the State of Pennsylvania.

The twenty-third annual session will be held in Franklin, Venango county, on Wednesday, June 12, at 11 A. M.

The undersigned regrets to announce that the Pennsylvania Central and Philadelphia and Erie railroads decline to allow any reduction of fare for this meeting.

Any other arrangements will be announced at an early day.

WM. B. ATKINSON, M. D.,

Permanent Secretary, Phila.

—List of Medical and Surgical Patents issued from the U. S. Patent Office to United States Inventors, for the week ending May 14, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.:

Medical Compound, Joseph Kornitz, New York, N. Y.  
Vaginal Syringe, Alex. M. Dye, Elkhart City, Ill.  
Base for Artificial Teeth, Francis Hickman, Reading, Pa.

### Association of Medical Editors.

Met at Horticultural Hall, Philadelphia, May 6, 1872. Called to order by Dr. B. F. DAWSON, President. Minutes of last meeting read by Dr. N. S. DAVIS, secretary, *pro tem*.

Present—N. S. DAVIS, D. W. Yandell, T. Parvin, B. F. Dawson, A. J. Stone, S. W. Butler, D. G. Brinton.

Dr. Stone moved that Dr. Storer (former president), be requested to furnish to the secretary, the names of those editors who authorized him to report them to the society as members.

The committee on foreign exchanges requested to be discharged, as they were unable to accomplish anything practical.

Dr. Dawson moved that the association offer prizes for scientific essays, to be contended for by members of the Association, the subject to be decided on at each meeting for the ensuing year. Several members offered to contribute to a fund for the purpose, and it was voted that a prize of \$100 be offered this year. A committee, consisting of Drs. Dawson, Davis and Stone, was appointed to select a subject and report at the evening session.

Adjourned to 8 o'clock to hear the address of the president, in Horticultural Hall.

### EVENING SESSION.

The address was delivered at 8 o'clock by the president upon "The Origin of Medical Science." He traced its earliest phases from the dawn of civilization to the time of Hippocrates, in an instructive and entertaining style. It will be published hereafter.

At the business meeting after the lecture, the committee on prize questions reported the following resolution which was adopted:

### PRIZE ESSAY.

*Resolved*, The Association of American Medical Editors, offer a prize of \$100, for the best essay on each of the following subjects, the first to be awarded in May, 1873, and the second in May, 1874. Competition to be restricted to the members of the Association:

1st Subject. "The Pathology and Treatment of the diseases of the Ovaries."

2d Subject. "At what stages of Pulmonary Tuberculosis is a change of climate desirable; what are the principles which should govern us in choosing the kind of change to be made; and the best localities in North America to send patients of this class."

N. S. DAVIS, Secretary.

The following officers were elected for the ensuing year: President, DR. THEO. D. PARVIN; Vice President, DR. A. J. STONE; Secretary, DR. F. H. DAVIS.

After some further discussion the society then adjourned.

### American Medical Association.

The official minutes of the late session in Philadelphia are now in press, and will shortly be issued in pamphlet form. Price 50 cents. W. B. ATKINSON, M. D., Permanent Secretary, 1400 Pine St., Philadelphia.



## ARMY AND NAVY.

## Army Surgeon Transfers.

The following changes in the duties and stations of officers of the Medical Department are made: Surgeon Josiah Simpson, from duty at Fort McHenry, Maryland, to relieve Surgeon J. Simmons as attending surgeon and examiner of recruits at Baltimore, Md. Surgeon Simmons is ordered as Medical Director of the Department of the Gulf, Surgeon Charles Page is transferred from the Department of the East to the Department of the Platte, to take effect June 20. Surgeon Alexander B. Hasson is transferred from the Department of the South to the Department of the East.

The following changes in assistant surgeons are also made: Samuel M. Horton, William E. Whitehead, and William F. Buchanan, from the Department of the East to the Department of Texas. Elliott Cones from the Department of the East to the Department of Dakota. George P. Jaquett, from the Department of the Lakes to the Department of the Platte. Harvey E. Brown, from the Department of the Lakes to the Department of Dakota. Samuel S. Jessop, from the Department of the Lakes to the Department of the Missouri. John H. Barthoff, from the Department of the South to the Department of the Lakes. Alfred D. Wilson, from the Department of the Platte to the Department of the East. Leonard X. Loring, from the Department of the Missouri to the Department of the East. William M. Notson, from the Department of Texas to the Department of the Lakes. Calvin De Witt, from the Department of Arizona to the Department of California. Carlos Carvalho, from the Department of Texas to do duty with the Surgeon General. George S. Rose, from the Department of California to the Department of Arizona.

THE International Ophthalmological Congress to be held this year in London, takes place August 1st, 2nd and 3d, at the Royal College of Physicians, Pall Mall.

Notices of papers should be sent to the Honorary Secretary, Mr. Wells, 14 Sanville Row, London, W., as soon as possible.

—Dr. HORACE B. PIKE has been appointed Health Officer for the town of Yonkers.

## QUERIES AND REPLIES.

## Spontaneous Orgasm.

Subscriber. You omit to state in the case mentioned some important particulars. As it is, we suggest digitalis in full doses, with general tonic treatment and sea-bathing in some quiet, cool resort, where she could have appropriate medical superintendence. We can give, by letter,

if desired, the address and terms of such a resort. Thomas on Diseases of Women we regard as one of our best authorities.

## Ethics.

Dr. R. "Is it in keeping with medical ethics for a physician to practice by contract?"

Reply. It is not generally considered proper to do so. There is, we believe, a difference in the custom of localities in this respect; but we ourselves are altogether and decidedly of the opinion that it should never be done, as it degrades our calling and injures our professional brethren. The amount of services required can never be predicted, and we should always be paid in proportion to work performed.

## Formula 310.

Dr. J. S. B., of Ill. "Is not the quantity of ether in Formula 310, in Naphey's Modern Therapeutics an error? In my experience of over twenty-five years I have never found a case which would warrant the exhibition of such a dose. That quantity might be 'heroic,' but certainly not commendable."

Reply. The Formula is

R.  $\text{Ætheris}$ , f. 3 iiss.  
Olei morrhuae, f. 3 jv.

Dessertspoonful ter die before meals.

This gives about two-thirds of a drachm of ether at a dose, which does not seem to us at all heroic, as we have often given more even to children. In some districts of Ireland the peasantry drink ether as in other parts they do whisky, in as large quantities and without worse effects.

## MARRIAGES.

BROCKWAY—PLYMPTON—At Boston Highlands, Mass, May 20, by Rev O C Everett, of Cambridge, Dr A N Brockway, of New York, and Mrs Fanny W Plympton, of Bangor, Me.

CLARK—NILES—On April 19, at Munich, Bavaria, by the Rev B Arthur, of All Saints, Worcester, T Edwards Clark, M D, and Mary E, only daughter of the late Rev William W Niles.

READ—ROBERTS—On Thursday, May 16, in Allegheny City, by Rev J L Read, James S Read, M D, of St Louis, and Miss Emma Roberts.

TAYLOR—DICKNEY—April 18, at the residence of the bride's mother, by the Rev W W Woodend, D D, Dr W S Taylor and Miss Mattie E Diekey, both of Salisbury, Pa.

WAKEMAN—MURPHY—On Wednesday, May 15, by Rev J E Platter, assisted by Rev H H Neill, at First Presbyterian Church, Sandy Hill, N Y, Dr Harwood Wakeman, of New York, and Sophie L, eldest daughter of O B Murphy, Esq, of the former place.

WATSON—FARR—In Littleton, Vt, April 17, by the Rev O E Miliken, Dr I A Watson, of Groveton, and Miss Philena A Farr, of Littleton.

## DEATHS.

ACHESON—In Brooklyn, May 18, Louise M, daughter of Dr J J Acheson.

BENHAM—At Meriden, Conn, May 22, 1872, Edwin Curtis, infant son of Dr S N and the late Nellie Rand Benham.

BROWN—On Tuesday, 14th inst, in New York, Edward Ingersoll, youngest child of Dr W K and Sarah H Brown, aged fourteen years.

FRAME—At Flushing, Long Island, 18th inst, Sarah J, wife of Joseph L Frame, Jr, and daughter of the late Dr Peter Van Zandt.

HALL—On the 23d inst, in this city, Lewis A Hall, M D, aged seventy-eight years.

HUBBARD—At Totenville, Staten Island, N Y, May 1, Dr E W Hubbard, in his seventy-fifth year.